



TRUSTEE'S ANNUAL REPORT
On Cemetery Company's
MERCHANDISE & SERVICES TRUST

STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
BURIAL SERVICES
500 JAMES ROBERTSON PARKWAY, SECOND FLOOR
NASHVILLE, TN 37243-1145
Office: 615-741-5062; Fax: 615-532-1903
www.state.tn.us/commerce

NOTE: This report is due seventy-five (75) days after the close of each FISCAL YEAR of the cemetery company. Mail the completed form to the address above.

For the fiscal year beginning _____, 20 ____ and ending _____, 20 ____.

I. GENERAL INFORMATION

1. TRUSTOR

- A. Cemetery company name: _____
- B. Cemetery company address: _____

- C. Trust identification (style & number) _____

2. REPORTING INSTITUTION

- A. Name: _____
- B. Address: _____
- C. Trust Officer: _____
- D. Information Contact: _____
- E. Phone Number: _____

II. STATEMENT OF CHANGE IN TRUST FUND (Based on Cost)

- | | | |
|----|---|----------|
| 1. | Beginning balance: | \$ _____ |
| 2. | Additions: | |
| | a. Payments received from cemetery company: (Schedule III) | \$ _____ |
| | b. Other: (explain) | \$ _____ |
| 3. | Investment Earnings: | \$ _____ |
| 4. | Deductions: | |
| | a. Distribution to cemetery company for delivered/ cancelled M& S | \$ _____ |
| | b. Withdrawal pursuant to "120% rule" | \$ _____ |
| | c. Other (explain) | \$ _____ |
| 5. | Ending Balance | \$ _____ |

(OVER)

III. MEMORANDA FOR RECONCILIATION

List all deposits to the improvement care trust fund received from the cemetery during this period.

DATE/AMOUNT	AMOUNT	DATE/AMOUNT	AMOUNT

IV. ASSETS OF TRUST FUND AT END OF REPORTING PERIOD

	COST	MARKET
1. Cash & Equivalents	\$ _____	\$ _____
2. Equities	\$ _____	\$ _____
3. Fixed Income	\$ _____	\$ _____
4. Real Estate	\$ _____	\$ _____
5. Loans:		
a. Mortgages	\$ _____	\$ _____
b. Other _____ (explain)	\$ _____	\$ _____
6. Other _____ (explain)	(\$ _____)	(\$ _____)
7. Total:	\$ _____	\$ _____

V. TRUSTEE'S CERTIFICATION

STATE OF TENNESSEE

COUNTY OF _____

I, _____, duly elected and serving as _____ of
(Name of bank or trust company) _____, trustee of the improvement care fund above named
and described, being first duly sworn, do hereby state that the information contained in this annual report and all related
schedules is true and correct to the best of my knowledge and belief.

(Trustee Signature)

(NOTARY SEAL)

Sworn to and subscribed before me this _____ day of _____, 20 _____.

My commission expires: _____
IN- (Rev.)

Notary's Signature: _____